

The Northern Virginia Long-Term Care Ombudsman Program presents this
"Long-Term Care News & Tips Online"

Vol. 2, No. 5 - July 2006

Inside this issue you will find:

1. **June Ladies Home Journal Article features Nursing Home Advocacy**
2. **New IA Web site allows residents, families to rate nursing homes**
3. **Disaster planning guide for facilities published by AHCA**
4. **Grassley calls on CMS to correct problems in survey process**
5. **New policy protects beneficiaries against formulary changes**
6. **Kaiser suggests steps to get nursing home residents' drugs covered**
7. **Study finds non-profit nursing homes offer better care**
8. **RUGS reimbursement may underestimate feeding assistance needs**
9. **Documentary Evidence of Citizenship Requirement**
10. **NY Governor vetoes spousal impoverishment protections**
11. **Senate tort reform legislation would cap non-economic damages**
12. **Study finds non-profit nursing homes offer better care**
13. **Data show 63% increase in pressure sores in a decade**
14. **FDA Site Publicizes Bedrail Dangers, Safety Information**
15. **NADONA/LTC forms new organization: NALNA**
16. **Waxman urges colleagues to read NCCNHR report, cosponsor staffing bill**
17. **MI commission will include focus on improving direct-care jobs**
18. **AARP paper looks at CNA training**
19. **Consistent assignment is key to quality care, staff retention**
20. **Study shows value of Registered Nurses for Long-Term Care**
21. **Conference Explores How to Harness the Energy of Direct-Care Workers to Provide Person-Directed Care**

1. June Ladies Home Journal Article features Nursing Home Advocacy

The June issue of the Ladies Home Journal is now out with an article featuring Martha Deaver from Arkansas who was NCCNHR 2005 Janet Tulloch Award Winner for her statewide advocacy. Martha has now drawn national attention to nursing home advocacy issues. For only the third time in its history, the Ladies Home Journal has a petition - this one supporting Representative Waxman's staffing bill, H.R. 4293, that is based on the HHS minimum nurse staffing standard that closely parallels the NCCNHR staffing standard. The article also includes a page on the resident directed care promoted by the Pioneer Network and a reference to the NCCNHR Web site for information on family councils and how to find an ombudsman. While we are disappointed that the article reflects ombudsmen as mediators rather than as resident advocates, the information will enable family members to find assistance. Note: NCCNHR has added a special section on our Web site for the readers of Ladies Home Journal. Sign the petition and mail to Ladies Home Journal or sign online - www.lhj.com/nursinghome.

Source: May 9, 2006 e-mail from National Citizens Coalition for Nursing Home Reform

2. New IA Web site allows residents, families to rate nursing homes

Iowa has become the first state to create a Web site that allows residents and their families to share their nursing home experiences. The Web site, created by Iowa Protection and Advocacy Services and

funded by the U.S. Department of Education, is called IowaNursingHomeSurvey.com. Both the survey and the Web site are designed to obtain feedback about the quality of care in each of Iowa's nursing homes. Past and present residents, along with their family members, guardians and other involved parties, are encouraged to complete the survey, which asks them to rate the nursing home where they or their loved one stayed. Categories to be rated include nursing staff, dietary and "general." The purpose is to help future residents and their representatives make more informed decisions. Each nursing home has its own page where consumers can complete an online survey and read reviews completed by others. For residents who don't have access to computers, Iowa Protection and Advocacy Services has provided hard copies to facility staff and long term care ombudsmen and is encouraging them to assist residents in taking the survey. The Web site is: www.iowanursinghomesurvey.com.

Source: www.whotv.com, May 22, 2006; McKnight's Long-Term Care & Assisted Living, May 25, 2006; www.iownursinghomesurvey.com.

3. Disaster planning guide for facilities published by AHCA

The American Health Care Association (AHCA) and the National Center for Assisted Living have published a new manual to help long term care providers plan for both natural and man-made disasters. The manual is in large part a response to the 2005 hurricanes that devastated the Gulf Coast, including many nursing homes. "Disaster Planning Guide: A Resource Manual for Developing a Comprehensive Preparedness Plan," suggests that nursing home facilities establish plans for evacuation and non-evacuation. The guide also advises facilities to prepare for transportation, housing, finance, insurance, and legislative and legal issues in the event of fires, tornados, bomb scares, hazardous accidents in the community, bio-terrorism, hypo- and hyperpyrexia and hurricanes. The manual, which was developed by the Florida Disaster Preparedness Committee and the Florida Health Care Association, is meant to be a reference tool to assist in the implementation of a disaster operation plan. For more information, visit www.ahca.org.

4. Grassley calls on CMS to correct problems in survey process

Senator Charles Grassley, Chairman of the U.S. Senate Committee on Finance, has written a letter to Centers of Medicare & Medicare Services (CMS) Administrator Mark McClellan asking that CMS report on how it intends to respond to findings of a December 2005 Government Accountability Office (GAO) report. The GAO report discovered what Grassley called two "consistent and longstanding" problems: inconsistency in the results of state surveys and the continual understating of negative findings. Grassley requested that CMS specifically address the following: (1) what the agency is doing to address the inconsistencies in survey results; (2) how CMS handles data or information discovered to be false or misleading on Nursing Home Compare; (3) what efforts CMS is taking to rectify the understating of negative findings by state survey agencies; and (4) what initiatives CMS is undertaking to resolve the problem of predictability of survey visits and any improvements resulting from those initiatives. To read Grassley's letter, go to www.hcpro.com/content/57250.pdf.

Source: Letter from Senator Charles Grassley, April 12, 2006

5. New policy protects beneficiaries against formulary changes

The Bush administration has issued a new policy that prevents changes in formularies from denying Medicare Part D beneficiaries access to drugs they are already receiving. Under the new policy, an insurer who removes a drug from a plan formulary or imposes new restrictions on the drug cannot apply these changes to current members of the plan until the new plan year. As most Part D beneficiaries are locked into their chosen plans for the full benefit year, formulary changes by insurers can leave beneficiaries without access to needed prescriptions. "In general, a plan cannot change your coverage for the drugs you are using during the year. The stability of drug formularies is extremely important for many of our beneficiaries," stated CMS administrator Mark McClellan. Per the policy, "no beneficiaries will be subject to a discontinuation or reduction in coverage of the drugs they are currently using," though there are a few limited exceptions.

Source: www.myziva.com, April 28, 2006

6. Kaiser suggests steps to get nursing home residents' drugs covered

A recent Kaiser Medicare Q & A Column, prepared by the Kaiser Family Foundation and distributed by Knight Ridder/Tribune, addresses what nursing home residents should do if their nursing home uses a pharmacy that is not covered by their Medicare prescription drug plan. According to the column, many nursing homes have contracts with a single pharmacy for all of their residents' medications, so it is a good idea for beneficiaries to enroll in a plan that includes the pharmacy used by their nursing home to avoid out-of-pocket costs. The column suggests that nursing home residents or their families ask the nursing home for a list of drug plans that are accepted at the pharmacy the facility uses. Beneficiaries and their families then should compare benefits to make sure most medications are covered and consider the plan's premium, deductible and co-payments. The column notes that if nursing home residents have a problem with their drug plan, they can switch plans at any time during the year, unlike other beneficiaries who can only switch plans once per year.

Source: Kaiser Medicare Q&A column, April 20, 2006

7. Policy brief examines Medicaid eligibility criteria for persons with dementia

The Alzheimer's Association has published a Medicaid public policy issue brief titled, "Medicaid Eligibility Criteria for Long Term Care Services: Access for People with Alzheimer's Disease and Other Dementias." The Association notes that in the face of tight Medicaid budgets, states may try to reduce the number of people who are eligible for long term care services by tightening the level of care criteria used to determine eligibility for nursing home and home and community-based waiver services. This public policy brief describes Medicaid functional eligibility issues for people with dementia and discusses how six states determine eligibility for Medicaid-funded long term care services. Based on an analysis of these states' provisions, the Association makes recommendations for (1) appropriately assessing the long term care needs of people with dementia, and (2) setting level of care criteria that treat people with physical and cognitive impairments equitably. To read the brief, go to www.alz.org/Health/Care/Medicaideligibilityissues.pdf.

Source: E-mail from Jane Tilly, June 9, 2006

8. RUGS reimbursement may underestimate feeding assistance needs

A study published in the June 2006 issue of the Journal of the American Geriatric Society reports that the "current RUGS system used for reimbursement likely underestimates the staff time required to provide feeding assistance care that improves oral intake." Researchers found that the amount of staff

assistance required to improve food and fluid consumption was comparable across varying levels of eating dependency. An average of 35 to 40 minutes of staff time was required per resident for each meal whether they required only supervision and verbal cuing or whether they were physically dependent on staff for eating. As a result, researchers concluded that current RUGS reimbursement for feeding assistance may not properly reflect the actual time spent on this task.

Source: www.myziva.info, June 16, 2006

9. Documentary Evidence of Citizenship Requirement

HHS today issued guidelines for states to implement a new requirement, effective July 1, that persons applying for Medicaid document their citizenship. The new documentation requirement is mandated by Section 6036 of the Deficit Reduction Act of 2005 (DRA) and is intended to ensure that Medicaid beneficiaries are citizens without imposing undue burdens on them or the states. Today's guidance letter to state Medicaid officials will be followed by federal regulations that will appear in the Federal Register.

Recognizing the diversity of beneficiaries served by Medicaid, the guidelines provide for a range of ways that citizenship status and personal identity may be documented. If other forms of documentation cannot be obtained, documentation may be provided by a written affidavit, signed under penalty of perjury, from two citizens, one of whom cannot be related to the applicant or recipient, who have specific knowledge of a beneficiary's citizenship status. Affidavits can only be used in rare circumstances. Additional types of documentation, such as school records, may be used for children. Current beneficiaries should not lose benefits during the period in which they are undertaking a good-faith effort to provide documentation to the state.

American citizenship or legal immigration status has always been a requirement for Medicaid eligibility, however, beneficiaries could assert their citizenship status by checking a box on a form. The DRA requires actual documentary evidence before Medicaid eligibility is granted or renewed beginning July 1. The provision requires that a person provide both evidence of citizenship and identity. In many cases, a single document will be enough to establish both citizenship and identity such as a passport. However, if secondary documentation is used, such as a birth certificate, the individual will also need evidence of their identity. Once citizenship has been proven, it need not be documented again with each eligibility renewal unless later evidence raises a question.

A fact sheet is posted at the following CMS Web sites:

www.cms.hhs.gov/apps/media/?media=pressr and

www.cms.hhs.gov/MedicaidEligibility/05_ProofofCitizenship.asp#TopOfPage.

For more information about the citizenship documentation requirement, go to:
www.cms.hhs.gov/MedicaidEligibility/05_ProofofCitizenship.asp#TopOfPage

Source: June 9, 2006 e-mail

10. NY Governor vetoes spousal impoverishment protections

For years, spouses of nursing home residents and of those receiving care at home in New York have been protected from paying for their spouses' care, and Medicaid has covered the cost. Approximately

630 spouses of nursing home residents and 8,400 spouses of home care patients currently make use of what is referred to as the "spousal refusal option" annually. Governor Pataki has attempted to end this practice in past years by removing the provision that allows for spousal refusal, but the state legislature has always reinstated it. This year, however, the governor claims that the legislature violated the state constitution by changing the language of the Medicaid bill in order to keep spousal refusal. The Governor contends that this blocks the legislature from overriding his veto. Advocates for the elderly fear the damage such a decision may cause. "You just can't pull the rug out from people without alternatives. What are people's choices? Get divorced before you send your spouse to a nursing home? There has to be some middle ground," stated William Ferris of the New York chapter of the AARP.

Source: www.myziva.com, April 18, 2006

11. Senate tort reform legislation would cap non-economic damages

U.S. Senator John Ensign of Nevada has introduced a medical malpractice bill that would cap the amount of non-economic damages (compensation for pain and suffering) in nursing homes, assisted living facilities and other health care institutions at \$250,000. S. 22, the "Medical Care Access Protection Act of 2006," would also limit punitive damages to the greater of twice the amount of economic damages or \$250,000; plaintiffs could ask for punitive damages only if they could show malicious intent and a court found that there was a substantial probability that they would win. In addition, the bill would cap attorney fees. There would be no limit on economic damages, which replace income. While the bill would not cap damages in states that already had caps (even if they were higher than the bill's caps), it would preempt most other provisions in state laws governing civil lawsuits against healthcare providers. A vote is expected next week. S. 22 will be posted on the Library of Congress Web site, <http://thomas.loc.gov> <<http://thomas.loc.gov/>> .

Source: NCCNHR, Kaiser Daily Health Policy Report, April 28 & May 1, 2006; McKnight's Long Term Care News & Assisted Living, April 28, 2008

12. Study finds non-profit nursing homes offer better care

According to a new study, non-profit nursing homes provide better quality care compared with for-profit facilities. Researchers analyzed some 162 studies of non-profit versus for-profit healthcare providers. They found that ownership status makes a difference in outcomes and in the cost of healthcare provided. While the majority of studies found that the quality of care in nursing homes was better at non-profits, most studies showed that for-profit nursing homes had an edge on the non-profits in the area of cost control. The study appears in the current issue of the journal Health Affairs.

Source: McKnight's Long Term Care News & Assisted Living, June 22, 2006

13. Data show 63% increase in pressure sores in a decade

A statistical brief released in April based on data from the Healthcare Cost and Utilization Project (HCUP) shows that 455,000 hospital stays in 2003 involved treatment of pressure ulcers. This represents a 63% increase over the 280,000 stays involving pressure ulcer treatment noted in 1993. Approximately 72.3% of patients with pressure ulcers were age 65 and older, and these individuals had average stays of 12.4 days. Payer source was also examined, revealing that 65.9% of pressure-ulcer related stays in 2003 were covered by Medicare and another 23.4% were covered by Medicaid. The mean charge for hospital stays principally for pressure sores was \$37,800 in 2003, but charge varied by

payer. The average charge billed to Medicare was \$37,100 and to Medicaid was \$39,100. To read the report, go to www.hcup-us.ahrq.gov/reports/statbriefs/sb3.jsp.

Source: Healthcare Cost and Utilization Project Statistical Brief #3: Hospitalizations Related to Pressure Sores, 2003; www.myziva.com, April 24, 2006.

14. FDA Site Publicizes Bedrail Dangers, Safety Information

Between 1985 and 2006, the Food and Drug Administration received 691 reports of people - most of whom were "frail, elderly or confused" - entrapped in bedrails. More than 400 of these hospital patients, nursing home residents and others died when their heads or chests were trapped between a bedrail and mattress, but the figures undercount the actual number of deaths and serious injuries because they do not include entrapments that were not reported or were actually covered up.

Since 1999, NCCNHR has participated in the Hospital Bed Safety Workgroup (HBSW), which has developed a series of guidelines, recommendations and educational materials on bedrail danger, safety, and design. On March 10, the Food and Drug Administration released the group's final publication, which includes technical guidance to help hospital bed manufacturers, hospitals, nursing homes, and private caregivers assess the safety of bedrails.

Residents, families, providers and caregivers are often reluctant to give up bedrails because they believe residents are safer with them in place. HBSW materials on the FDA Web site www.fda.gov/cdrh/beds can be helpful in educating consumers and caregivers about why bedrails can be extremely dangerous for frail residents, particularly if they are suffering from dementia.

Source: QCA Washington Update Volume 3, No. 1, March 31, 2006

15. NADONA/LTC Forms New Organization: NALNA

CINCINNATI, OH May, 2006. The National Association Directors of Nursing Administration / Long Term Care (NADONA/LTC), the leading nursing education organization in long term care, has announced the formation of the National Assisted Living Nurses Association (NALNA). Dee McGinnis, RN, BSN has been appointed as Chairperson.

NALNA is the first educational organization formed specifically to provide support and advocacy for nursing professionals in the Assisted Living setting. NADONA leadership has purposefully identified common issues and areas of mutual interest between LTC and ALF nursing professionals. We have also received many requests for involvement in the ALF segment from our members and from non-members. Many opportunities for collaboration in educational excellence and professional development exist in these professions. We formed NALNA with the mission of providing that excellence, states Joan Warden-Saunders, Executive Director of NADONA.

NALNA is the culmination of nearly two years of research and development says Sherrie Dornberger, President of NADONA. Continuation of NALNA members clinical education, thereby promoting the highest possible level of care-giving for the senior adult is our core mission as an organization, and the basis of our new publication, *The Nurse in Assisted Living*.

As Members of NALNA, assisted living nurse professionals will form their association under the organizational and administrative umbrella of NADONA. These professionals are comprised of registered nurses and licensed practical nurses.

An Advisory Board has been appointed for this organization and is comprised of a number of leading nursing professionals in the assisted living industry. Membership in NALNA has reached 700 prior to its official launch. Response has been enthusiastic.

Sherrie Dornberger, President of NADONA and Executive Director Joan Warden-Saunders will both sit on the Advisory Board of this NALNA, for support and guidance to assure that the philosophy and ethics of NADONA are maintained.

The premier issue of The Nurse in Assisted Living is due for release in Q2, 2006, and will serve as the official publication of NALNA. This publication will contain clinical information as in The Director, but will also include items and sections which are specific to assisted living and its challenges.

NADONA/LTC is a not for profit professional organization servicing nursing professionals in long term care facilities and assisted living communities. Members experience a plethora of benefits related to education and support and networking. With over 6500 members in long term care facilities, NADONA provides a quarterly journal, a certification program, a wide-range Web site with continuing education offerings, and frequent mailings for educational credits. For more information go to the Web site www.nadona.org or contact Joan Warden-Saunders, Executive Director

Source: E-mail 05/16/2006

16. Waxman urges colleagues to read NCCNHR report, cosponsor staffing bill

U.S. Representative Henry Waxman has sent a "Dear Colleague" letter to his fellow legislators in order to bring NCCNHR's "Faces of Neglect" report to their attention. In his letter, Waxman writes that the stories of the 36 abused or neglected residents are "a call to action to improve the quality of nursing home care." He states that many of the cases in the report were caused by inadequate staffing and points out that "one of the most effective ways to improve the quality of care is to ensure that nursing homes are adequately staffed." Waxman urges his colleagues to read the NCCNHR document and to cosponsor his legislation that would require nursing homes to comply with staffing levels identified in the 2001 CMS study. To read the letter, go to www.nccnhr.org/uploads/WaxmancolleagueLtr.pdf.

Source: Letter from Representative Henry Waxman, April 28, 2006

17. MI commission will include focus on improving direct-care jobs

Michigan Governor Jennifer M. Granholm has created the Michigan Long-Term Care Supports and Services Advisory Commission to help the state upgrade its long term care system in several ways, one of which is improving the quality of direct-care jobs. The commission was appointed to implement the recommendations of the Governor's Medicaid Long-Term Care Task Force, and one of those recommendation calls for the state to "Build and sustain a competent, highly valued, competitively compensated and knowledgeable long-term care work force." According to Hollis Turnham, vice chair of the commission and the Michigan Policy Director for the Paraprofessional Healthcare Institute, the task force recommendations lay out the link between quality of care and the quality of training, leadership, and compensation associated with careers in long-term care." The commission will assist the Office of Long-Term Care Supports and Services, which is the sole developer of long term care policy within Michigan's Department of Community Health.

Source: Quality Jobs/Quality Care, April 27, 2006

18. AARP paper looks at CNA training

A new issue paper from the AARP Public Policy Institute examines the adequacy of training for certified nursing assistants. Esther Hernández-Medina of Brown University and colleagues studied programs in ten states and interviewed key informants, including CNAs and experts in CNA training and testing. The authors find a link between high-quality training and high-quality care and identify a number of weaknesses in current training programs. In the paper, titled "Training Programs for Certified Nursing Assistants," the authors recommend that the federal government and the states increase training hours for CNAs to at least 100 hours; increase clinical skills training; establish more specific guidelines for CNA training programs; enforce federal regulations regarding reimbursement for training and testing expenses; and increase resources assigned to review CNA training programs. To read the paper, go to:

http://assets.aarp.org/rgcenter/il/2006_08_cna.pdf

Source: Quality Jobs/Quality Care, April 27, 2006; "Training Programs for Certified Nursing Assistants," March 2006

19. Consistent assignment is key to quality care, staff retention

An article in the June issue of Provider magazine discusses consistent assignment of nursing staff and makes the case that such assignments improve quality and reduce staff turnover. The article was written by David Farrel, Marguerite McLaughlin and Ann Gray of Quality Partners of Rhode Island (the state's quality improvement organization) and Barbara Frank and Cathie Brady of B&F Consulting. According to the article, building relationships - with co-workers, the organization, other departments, supervisors, and above all with residents and families - is a key factor in retention. Rotating staff assignments, on the other hand, are often directly connected to low staff morale and high rates of turnover. Experts estimate that 90% of nursing facilities have policies requiring staff to rotate their assignments. The authors point out that the reasons commonly given by managers for staff rotation are not supported by research and that this practice instead severs relationships and inhibits caregivers' ability to recognize resident declines and consistently address care needs. The article also reports the results of a recently completed one-year pilot program funded by the Centers for Medicare and Medicaid Services to explore strategies for improving nursing home culture. Facilities in the pilot found that they needed to establish consistent assignment to structurally "hard-wire" the relationships needed to know residents' individual needs. The pilot demonstrated that the fundamental key to transformational improvement was a "holistic approach to quality improvement that embraces the quality of work life of nursing facility staff with a commitment to individualized care."

Source: Provider, June 2006

20. Study shows value of Registered Nurses for Long-Term Care

National Nurses Week begins May 6, so this is a good time to take note of a study that highlights one reason nurses caring for elders deserve our support. According to a report in the American Journal of Nursing, providing residents of long-term care settings 30 to 40 minutes of care by a registered nurse each day could reduce healthcare costs by as much as \$3,200 per resident per year. Patients receiving the care suffered fewer adverse outcomes such as pressure ulcers, urinary tract infections and hospitalizations.

"Geriatric nurses will be an increasingly crucial part of the long-term care picture with the burgeoning of the aging population," says ASA member May Wykle, dean of the School of Nursing at Case Western Reserve University, Cleveland. "Nurses can provide the range of direct care that is essential in this setting -- for the well-being of the patient and for the effective functioning of the system."

The article, "RN Staffing and Long-Term Care" by Susan D. Horn and colleagues (November 2005), is available for \$19.95 on the American Journal of Nursing Web site at www.ajnonline.com. (To order, click on the "Login" link, sign up as a guest user, then search for the article by author name.)

Source: The American Society on Aging Newsletter May 2006

21. Conference Explores How to Harness the Energy of Direct-Care Workers to Provide Person-Directed Care

Culture change is a journey that can start almost anywhere, but it won't get far unless the nursing assistants, home health aides, and other direct-care workers who provide 80 percent of the hands-on care are truly on board.

To explore ways of improving the quality of care delivered to consumers by improving the quality of direct-care jobs, the Pioneer Network and the Direct Care Alliance are co-hosting Celebrate Direct-Care Workers, the only national conference held by either group this year.

Join us as providers, direct-care workers, and consumers come together to strengthen and support these key workers in order to create a more person-centered environment.

Sessions of particular interest for administrators, directors of nursing and other long-term care managers include:

- Embracing Person-Directed Care: Improving Relationships between Direct-Care Workers and Nurses;
- Nurses and Nursing Assistants: United We can;
- Innovative roles for Direct Care Workers in Culture Change;
- Creating a Supportive Environment: It's All About Relationship;
- Building Relationship Among Nurses and Direct Care Workers.

Featured speakers include; Wendy Lustbader, Susan Misiorski, Francis Battisti, Megan Hannan, Anna Oritgara, Jeanne Heid-Grubman; Carol Hegeman, Karen Stobbe and Joanne Rader.

Celebrate Direct-Care Workers November 30-December 2, 2006 at the spectacular Buena Vista Palace Resort and Spa, Orlando, Florida www.CelebrateDirectCareWorkers.org.

Please note that the items are included for informational purposes only and do not imply endorsement by the Northern Virginia Long-Term Care Ombudsman Program or any governmental agency.

Northern Virginia Long-Term Care Ombudsman Program

Intake line: 703-324-5861

Fax: 703-324-3575

TTY: 703-449-1186

Web site: www.fairfaxcounty.gov/ltcombudsman

E-mail: nvltcop@fairfaxcounty.gov

12011 Government Center Parkway, Ste. 708

Fairfax, VA 22035-1104

The “Long-Term Care News & Tips Online” is an electronic newsletter produced by the Northern Virginia Long-Term Care Ombudsman Program. Funding for this program is provided primarily by the Area Agencies on Aging (AAA) in the City of Alexandria and the Counties of Arlington, Fairfax, Loudoun, and Prince William.